

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF PREBIOTICS FOR THE TREATMENT AND PREVENTION OF HYPERGLYCAEMIC SYNDROMES
Attorney Docket Number::	0508-1129
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE  
Middle Name::  
Family Name:: MONSAN  
Name Suffix::  
City of Residence:: MONDONVILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 22, CHEMIN DE LA GRAVETTE  
Address::  
City of Mailing Address:: MONDONVILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31700

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: VALET  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 57, RUE DES SAULES  
Address::  
City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAGALI

Middle Name::

Family Name:: REMAUD-SIMEON

Name Suffix::

City of Residence:: RAMONVILLE-SAINT-AGNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 1, RUE BENJAMIN CHARRIER

Address::

City of Mailing Address:: RAMONVILLE-SAINT-AGNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31520

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-SEBASTIEN

Middle Name::

Family Name:: SAULNIER-BLACHE

Name Suffix::

City of Residence:: BALMA

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 35, RUE DU GAI SAVOIR

Address::

City of Mailing Address:: BALMA

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: REMY

Middle Name::

Family Name:: BURCELIN

Name Suffix::

City of Residence:: RAMONVILLE-ST AGNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 24, RUE DES FAUVETTES

Address::

City of Mailing Address:: RAMONVILLE-ST AGNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31520

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02705	9/12/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/11389	9/13/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::